

**Department of Professional and Financial Regulation
Office of Licensing and Registration**

Mailing Address:
35 State House Station
Augusta, Maine 04333-0035

Phone (voice): (207) 624-8624
TTY / Hearing-Impaired: 1-888-577-6690
Fax: (207) 624-8637
Web site: <http://www.state.me.us/pfr/olr/categories/cat22.h>

DISCLOSURE STATEMENT: INTERPRETERS / TRANSLITERATORS FOR THE DEAF AND HARD-OF-HEARING

PART 1

**PLACE RECENT
PHOTO HERE**

(A clear, first-generation
photocopy is acceptable.)

Interpreter/Transliterater Name: _____

Check one: ☐ Deaf ☐ Hearing

License #: _____ Expiration Date: June 30, 2007

First year licensee was registered or licensed: _____

LICENSE CATEGORY (Please check appropriate boxes.)

☐ **Certified Interpreter/Transliterater** — Specific certification(s) held: _____

☐ Registry of Interpreters for the Deaf Year First Issued: _____

☐ National Association of the Deaf (Level 4 or 5) Year First Issued: _____

☐ **Limited Interpreter/Transliterater** —

☐ Has earned a score of 3.5 or higher on the Educational Interpreter Performance Assessment ("EIPA"). Year Passed: _____.

☐ Has completed: (1) 100 or more hours of education in American Sign Language and (2) 100 or more hours of education in the interpretive process, or has: (1) documented skill level equivalent to 100 or more hours of education in American Sign Language and (2) completed 100 or more hours of education in the interpretive process.

PART 2

Post Secondary Academic Degree(s)

| Degree | Year | Institution | Major or Program |
|--------|------|-------------|------------------|
| | | | |
| | | | |
| | | | |

False statements on this form are punishable according to law.

Interpreter/Transliterater Signature: _____

Date: _____

Contact the Office of Licensing & Registration with any questions about the licensure status of this Interpreter/Transliterater or the contents of this Disclosure Statement (TTY: 1-888-6690; e-mail: Marlene.M.McFadden@Maine.gov; Phone: 207/624-8624).

Part 1 of this Disclosure Statement Verified by OLR:

Signature: _____

Date: _____

Printed Name: _____